

Compliance Statement
Certified Family / In-Home Child Care

TO FILE A COMPLAINT, CALL: (608) 271-9181

Use of Form This form is used by the certification work to indicate to certified family / in-home child care programs that there were no violations of the administrative rules observed during the certification visit.

Instructions The certification worker checks the administrative code topic areas that were observed to have no rule violations. If the certification work is not able to review all the rules under a topic area of the administration rule (as listed below), the worker shall indicate the specific rules monitored

Name - Certified Operator Colleen O'connell	Address - Program (Street, City, State, Zip Code) 3518 Gregory ST Madison, WI 53711	Telephone Number (608) 334-9941	Provider No. 6000575926 / 001
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NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS CERTIFICATION VISIT.

The following checked items indicate the topic areas and/or partial topic areas of administrative code that were monitored on this visit.

<input checked="" type="checkbox"/> Activities	<input checked="" type="checkbox"/> Basis For Certification	<input checked="" type="checkbox"/> Discrimination
<input checked="" type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Group Size	<input checked="" type="checkbox"/> Health Care
<input checked="" type="checkbox"/> Home Safety	<input checked="" type="checkbox"/> Mandatory Child Abuse Rep	<input checked="" type="checkbox"/> Meals And Snacks
<input checked="" type="checkbox"/> Provider Communication	<input checked="" type="checkbox"/> Provider Interactions	<input checked="" type="checkbox"/> Provider Qualifications
<input checked="" type="checkbox"/> Rest	<input checked="" type="checkbox"/> Supervision	<input checked="" type="checkbox"/> Transportation

Certification Worker Name Rebecca Hrovat	Visit Date 9/25/2019	Issue Date 9/25/2019
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